

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

Applicant: The Salvation Army, a New York Corporation

135562351

Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

161957

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Salvation Army, a New York Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 13-5562351

	c. Organizational DUNS:	062517941	PLUS 4:	
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d. Address

Street 1: 440 West Nyack Road

Street 2:

City: West Nyack

County: Rockland

State: New York

Country: United States

Zip / Postal Code: 10994

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Richard

Middle Name: D.

Last Name: Allen

Suffix:

Title: Assistant Secretary - Legal

Organizational Affiliation: The Salvation Army, a New York Corporation

Telephone Number: (845) 620-7330

Applicant: The Salvation Army; a New York Corporation

Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

135562351

161957

Extension:

Fax Number: (845) 620-7753

Email: rallen@use.salvationarmy.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Pennsylvania
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

16. Congressional District(s):

a. Applicant: NY-017

b. Project: PA-012

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Southwick

Suffix: Esq.

Title: Secretary

Telephone Number: (845) 620-7329
(Format: 123-456-7890)

Fax Number: (845) 620-7753
(Format: 123-456-7890)

Email: Michael.Southwick@use.salvationarmy

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Salvation Army, a New York Corporation

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Southwick

Suffix: Esq.

Title: Secretary

Organizational Affiliation: The Salvation Army, a New York Corporation

Telephone Number: (845) 620-7329

Extension:

Email: Michael.Southwick@use.salvationarmy

City: West Nyack

County: Rockland

State: New York

Country: United States

Zip/Postal Code: 10994

2. Employer ID Number (EIN): 13-5562351

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$142,294.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Refer to attached list	Refer to attached list	\$4,028,230.00	Refer to attached list

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Michael Southwick, Secretary

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army, a New York Corporation
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and
accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name J.

Last Name: Southwick

Suffix: Esq.

Title: Secretary

Telephone Number: (845) 620-7329
(Format: 123-456-7890)

Fax Number: (845) 620-7753
(Format: 123-456-7890)

Email: Michael.Southwick@use.salvationarmy

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

Applicant: The Salvation Army, a New York Corporation

135562351

Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

161957

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: The Salvation Army, a New York Corporation

Name / Title of Authorized Official: Michael Southwick, Secretary

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: The Salvation Army, a New York Corporation

Street 1: 440 West Nyack Road

Street 2:

City: West Nyack

County: Rockland

State: New York

Country: United States

Zip / Postal Code: 10994

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

☒

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Southwick

Suffix: Esq.

Title: Secretary

Telephone Number: (845) 620-7329
(Format: 123-456-7890)



Fax Number: (845) 620-7753
(Format: 123-456-7890)

Email: Michael.Southwick@use.salvationarmy

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Beaver County Salvation Army (TSA) is the appropriate agency to receive this rapid rehousing (RRH) grant because of our meticulous grant management track record and our 153 year history of assisting and engaging individuals through street outreach, connecting with individuals during the point in time survey, our monthly street outreach events, food pantries, soup kitchens and Corps programming. TSA Beaver County Friendship Homes has been funded by HUD since 2006 and understands how to implement HUD and CoC recommendations and mandates within our county. In FY 2017, Beaver County Friendship Homes bed utilization rate operated at an average of 100%, 90% of our participants remained in or exited to permanent housing and 85% of households maintained or increased their income. TSA, as evidenced by our support letters, works with the county's homeless providers to connect individuals with beneficial resources. The referral source for permanent housing programs is the coordinated entry system; households enter that system through our local emergency shelters, emergency housing programs and street outreach. The Beaver County Salvation Army employees have been trained and can effectively navigate the Beaver County HMIS system, Coordinated Entry, SAGE, ESNAPS and eLOCCS databases. TSA diligently works to ensure all reports and renewals are completed and submitted prior to the due date and quarterly financial drawdowns are consistently maintained. TSA ensures clients receive assistance under the spirit and condition in which the grant is awarded. This is evidenced by our financial stewardship, with an average of 84 cents of every program funding dollar spent on client services. Clients are assisted with shelter, housing, food, clothing, utility costs, case management, information, referral and supportive counseling. In addition to our external funding GAAP procedures, the local TSA is audited every 40-48 weeks to ensure policy and procedures are followed according to TSA spending guidelines. With the support of the CoC this RRH program will launch by August 1, 2019. TSA of Beaver County is knowledgeable in identifying and leveraging cash and in-kind match sources from federal, state, local and private entities. This grant application has secured in-kind match from Beaver County Behavioral Health (drug, alcohol and behavioral health services) TSA. This CoC funded RRH program is crucial for Beaver County homeless services. Since the formal implementation of Coordinated Entry in January 2018, 85 households were screened for ESG (short term RRH). Nineteen of those households had zero income and 19 households were discharged to non-permanent destinations. With the addition of short-medium term RRH, those households would have the opportunity to participate in a program for an extended period of time, receive an individualized supportive services package and prolonged financial assistance, and maintain their own lease upon completion of services.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The Salvation Army is able to provide a wide scope of social services to Beaver County residents because of the generosity of private donors, federal, state and local grants. Because of our long history of ethical grant management, The Salvation Army successfully leverages funds from community partners. Beaver County Friendship Homes, a HUD/CoC funded permanent supportive housing program has been funded by HUD since 2006. This program has been successful in leveraging/matching funds from community partners such as Community Development of Beaver County, Child Protective Services, Behavioral Health, Adult Probation and Parole. Additional Salvation Army programs that have secured leveraging partners include our drug and alcohol transitional housing program, food bank, soup kitchen, emergency housing and transportation and utility assistance.

This Rapid Rehousing (RRH) program has successfully engaged support from community partners, including Beaver County's emergency shelters, Adult Probation and Parole, Behavioral Health, The Cornerstone (Beaver County's hub for homeless and housing services), and our County's CoC. The Salvation Army has also been promised leverage and in-kind match for case management and administrative services, Project Bundle Up, Give A Christmas, food/utility assistance, Beaver County Music School opportunities, children's after-school programming and for Camp Allegheny (The Salvation Army's children's sleep-away camp).

This RRH program has successfully obtained in-kind match and leverage from our community partners. Upon award of this HUD/CoC grant, The Salvation Army will continue to network with community partners to build strong relationships to secure and sustain funding. Networking will include employment programs, domestic and sexual violence services, peer programming and budgeting classes.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Salvation Army conscientiously adheres to the GENERAL ACCEPTED ACCOUNTING PRINCIPLES (GAAP) for external funding. The Salvation Army requires all Corps Officers to maintain the highest standards of accountability for the management and recording of all funds entrusted to the organization from both public and internal sources for ultimate disbursement to Salvation Army programs. All officers, employees and advisory board members must complete and adhere to The Salvation Army's conflict of interest and code of conduct policies. The Salvation Army has devised an accounting system to ensure fiscal safeguards including: a computerized accounting system for general ledgers, accounts payable/receivable, contributions, bank reconciliation, Globafire and closing procedures. The Salvation Army Divisional Commander and Command staff is required to exercise administrative oversight of the fiscal policies and procedures of all programs within the division. When required by a funder or governmental body, independent auditors may examine the program records. In addition to the GAAP procedures, each Salvation Army Center is fiscally audited annually, by The Divisional Finance Committee. Spending of all funds and resources must be done in conformity with the approved allocation or

budget, existing rules and regulations and the mission of The Salvation Army. The best practices and protocols will be applied to this grant as well, should it be awarded.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: PA-603 - Beaver County CoC

1b. CoC Collaborative Applicant Name: County of Beaver

2. Project Name: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This housing-first Rapid Rehousing RRH (RRH) program will fill a county need & enhance CoC services. Referrals will come from Coordinated Entry (CE) and prioritize chronically homeless households, youth-headed households, persons experiencing domestic violence and seniors. Households (HH) screened through CE screen at a rate higher for RRH than other supportive housing program type. The Salvation Army (TSA) and the CoC identified that homeless HH who need short to medium term RRH are underserved because other RRH sources are short-term, which makes it hard for HH with no/low income to benefit from them.

This RRH Program will complete an assessment of strengths and needs and a personalized housing stability plan will be developed and implemented. The plan will outline the amount/length of financial assistance and types of supportive services offered.

Case management and connection with mainstream (Health/Behavioral Health Partners, HHS, SSA, PHA, Job Training) and natural supports will be ongoing. Information will be gathered regarding housing history, events that precipitated homelessness, education/work history, disability, forensic history and barriers to housing. Strengths that will support achievement of goals will be highlighted. TSA will focus on minimizing time homeless and work with clients to quickly resolve their housing crisis. Follow-up will ensure services are utilized and will assist clients and landlords (LL) to resolve problems as they arise. To identify housing, building a relationship with county LL is vital. This program will advocate for clients and educate LL, while building strong community relations with the landlord association. LL education will focus on fair housing laws, the value of rent that includes utilities and the benefit of working with social services to permanently house clients. This will enable LL and clients to reach out to TSA to address concerns before they lead to eviction.

This program will utilize scattered site rentals within Beaver County, maximizing client choice and geographical diversity. The follow up process will gather information from the HH, coordinated entry and HMIS to track outcomes regarding income changes and housing stability. This program will strive to house HH within 30 days of assessment, serve 73 individuals, 90% of HH will remain permanently housed and 85% will increase their income and lowering the number of risk factors that can lead to homelessness.

CoC funding is essential for this program because of our established relationships with CoC funded programs and these relationships support TSA to help HH to be quickly and stably housed and to tailor supportive services that will be based on the HH's needs. CoC funding is crucial due to Beaver County's lack of RRH beds and filling this gap will complement other county HUD funded programs and best serve our community.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave

the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	60			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.
(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

RRH referrals will be contacted within 1 business day to schedule the initial assessment. Strengths will be highlighted and barriers addressed during goal planning. Permanent housing (PH), income and well being referrals will be made. The CoC established priority for veterans, families, seniors and domestic violence. When a lease is executed the client has begun to create PH. TSA will help to keep a client PH by being a part of addressing concerns and modeling problem solving skills to sustain PH. TSA will ensure rent reasonableness, a successful RRH tool, by comparing similar units. If rent is more than comparable units, funds are misspent and if rent is lower than equivalent units landlords do not have incentive to participate in the program. This project will identify appropriate units with the help of fair housing, landlord association, and the homeless coalition. TSA will provide education and advocacy to ensure clients have geographical choice & sustainability.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Clients will be connected with Job Training, PA CareerLink, Office of Vocational Rehabilitation and Beaver County Rehabilitation Centers for employment support and income advancement. These community resources are skilled at assessing employment strengths, addressing employment deficits and training individuals for growing employment areas in Beaver County. One example is Job Training's/Community College of Beaver County's employment classes for opportunities that are becoming available within Beaver County due to the

development of the cracker plant and pipeline industry. Increasing reliable income directly assists individuals to stabilize their housing crisis and maintain permanent housing. Other partners to increase income are The Social Security Administration and HHS. The Salvation Army in Beaver County employs trained SOAR staff to assist individuals that are experiencing or are at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for the SSA disability programs. SOAR trained staff can improve the quality, clarity and completeness of SSI/SSDI applications. Participants will be connected with food (such SNAP, WIC, local food pantries and Produce to People) and medical assistance programs. For individuals who are unable to work due to a disability, they will be connected with county volunteer and social programs to meet their interpersonal needs. For example, Beaver County's Mental Health Association has a peer specialist program that connects clients with peers to promote self-confidence, social outings and healthy coping skills. Another commonly utilized referral source would be our local Salvation Army Center for opportunities with volunteering, children's groups/camp, music classes and adult support groups. Therefore, if increasing earned income is not a possibility, the ability to build natural supports within the client's desired community will maximize their desire and ability to live independently.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Daily
Assistance with Moving Costs	Non-Partner	Weekly
Case Management	Applicant	Daily
Child Care	Non-Partner	Daily
Education Services	Non-Partner	Daily
Employment Assistance and Job Training	Non-Partner	Daily
Food	Applicant	Monthly
Housing Search and Counseling Services	Applicant	Daily
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	Weekly
Mental Health Services	Non-Partner	Weekly
Outpatient Health Services	Non-Partner	Bi-monthly
Outreach Services	Applicant	Bi-weekly
Substance Abuse Treatment Services	Non-Partner	Weekly
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 12

Total Beds: 28

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	12	28

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 12

b. Beds: 28

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 414 16th Street

Street 2:

City: Beaver Falls

State: Pennsylvania

ZIP Code: 15010

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

429007 Beaver County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	20	15	0	35
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	21	17		38
Adults ages 18-24	5	5		10
Accompanied Children under age 18	25		0	25
Unaccompanied Children under age 18			0	0
Total Persons	51	22	0	73

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	1	1	2	0	3	5	2	2	7
Adults ages 18-24	1	1	1	1	0	1	1	0	0	2
Children under age 18	0					5	5	0	5	10
Total Persons	2	2	2	3	0	9	11	2	7	19

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	1	1	2	0	3	1	1	1	8
Adults ages 18-24	1	0	0	1		1	1		1	1
Total Persons	2	1	1	3	0	4	2	1	2	9

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

When participants screen for CoC rapid rehousing services, they may not have

a diagnosed disability.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

10%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
0%	Directly from safe havens.
10%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The Salvation Army will partner with Coordinated Entry to provide outreach and access for this program. Households who score for RRH and need short-medium term RRH will be eligible for this program. For example, households with low or no income, experiencing unemployment or are unable to work can benefit from this program in lieu of our short term RRH programs. Outreach will also be achieved through this program's monthly homeless street outreach events. During these events, teams leave bags of supplies and information at identified homeless camps/outdoor shelters. These bags encourage individuals to visit the Salvation Army and our soup kitchen. Through this engagement, individuals will be made aware of their housing options and a warm hand-off will take place with the coordinated entry program. The Salvation Army will educate emergency and first responders about the RRH program and techniques on engaging with individuals experiencing homelessness. Printed materials about this program will be widely distributed and outreach opportunities with local media outlets will be pursued. This program will be presented at the Housing and Homeless Coalition meeting and printed materials will be emailed to the CoC email distribution list - reaching over 200 partners. CE subcommittee will determine how clients will be properly screened and prioritized for this program and also will conduct monthly case review to ensure smooth and quick transition from CE to the program.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested:

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			\$106,668
Total Units:			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	PA - Pittsburgh, PA HUD Metro FMR Are...	12	\$106,668

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: PA - Pittsburgh, PA HUD Metro FMR Area (4200399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	0 x	\$425 x	12	= \$0
0 Bedroom	3 x	\$566 x	12	= \$20,376
1 Bedroom	5 x	\$657 x	12	= \$39,420
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2 Bedrooms	1	x	\$822	x	12	=	\$9,864
3 Bedrooms	3	x	\$1,028	x	12	=	\$37,008
4 Bedrooms		x	\$1,133	x	12	=	\$0
5 Bedrooms		x	\$1,303	x	12	=	\$0
6 Bedrooms		x	\$1,473	x	12	=	\$0
7 Bedrooms		x	\$1,643	x	12	=	\$0
8 Bedrooms		x	\$1,813	x	12	=	\$0
9 Bedrooms		x	\$1,983	x	12	=	\$0
Total Units and Annual Assistance Requested	12						\$106,668
Grant Term							1 Year
Total Request for Grant Term							\$106,668

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	35 annual assessment of needs@ \$30 Included in the case management line item	\$1,050
2. Assistance with Moving Costs		
3. Case Management	1 part time Case Manager @ 25 hours per week 13.65/hour	\$17,035
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$50 Grocery Store Assistance for 35 households	\$875
8. Housing/Counseling Services	35 housing inspections @\$30/inspections	\$1,750
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	1000 pieces of printed materials for program outreach	\$500
New Project Application FY2018		Page 40 08/14/2018

Applicant: The Salvation Army, a New York Corporation

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14. Substance Abuse Treatment Services		
15. Transportation	Mileage reimbursement .53/mile & /or Public Transportatin tickets @\$4.25/ticket	\$742
16. Utility Deposits	Partial Assistance for Utility Deposits	\$867
17. Operating Costs		
Total Annual Assistance Requested		\$22,819
Grant Term		1 Year
Total Request for Grant Term		\$22,819

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$36,750
Total Value of All Commitments:	\$36,750

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	The Salvation Army	07/30/2018	\$36,750

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: The Salvation Army
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/30/2018

6. Value of Written Commitment: \$36,750

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$106,668	1 Year	\$106,668
4. Supportive Services	\$22,819	1 Year	\$22,819
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$129,487
8. Admin (Up to 10%)			\$12,807
9. Total Assistance Plus Admin Requested			\$142,294
10. Cash Match			\$0
11. In-Kind Match			\$36,750
12. Total Match			\$36,750
13. Total Budget			\$179,044

Click the 'Save' button to automatically calculate totals.

Applicant: The Salvation Army, a New York Corporation

135562351

Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

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7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non Profit Status	08/06/2018
3) Other Attachment(s)	No	Support-Leverage ...	08/14/2018
2) Other Attachment(s)	No	HUD 2880-In Kind ...	08/14/2018

Attachment Details

Document Description: Non Profit Status

Attachment Details

Document Description: Support-Leverage Letters

Attachment Details

Document Description: HUD 2880-In Kind Match

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Michael Southwick

Date: 08/14/2018

Title: Secretary

Applicant Organization: The Salvation Army, a New York Corporation

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).

☐

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

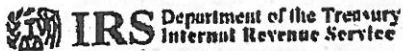
Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/06/2018
1E. SF-424 Compliance	07/18/2018
1F. SF-424 Declaration	07/18/2018
1G. HUD 2880	07/18/2018
1H. HUD 50070	07/18/2018
1I. Cert. Lobbying	07/18/2018
1J. SF-LLL	07/18/2018
2A. Subrecipients	No Input Required
2B. Experience	08/14/2018
3A. Project Detail	07/23/2018
3B. Description	08/14/2018
3C. Expansion	07/18/2018
4A. Services	08/06/2018
4B. Housing Type	08/14/2018
5A. Households	07/18/2018
5B. Subpopulations	07/24/2018
5C. Outreach	08/14/2018
6A. Funding Request	07/18/2018
6E. Rental Assistance	08/06/2018
6F. Supp Srvcs Budget	08/06/2018
6I. Match	08/06/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	08/09/2018

Applicant: The Salvation Army, a New York Corporation
Project: FY 2018 Beaver County Salvation Army Rapid Re-Housing Bonus

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CINCINNATI OH 45999-0038

In reply refer to: 0248288031
June 07, 2018 LTR 4168C 0
13-5562351 000000 00

00013540
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
440 WEST NYACK ROAD
WEST NYACK NY 10994

101261

Employer ID number: 13-5562351
Form 990 required: No

Dear Taxpayer:

We're responding to your request dated May 29, 2018, about your tax-exempt status.

We issued you a determination letter in June 1933, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248288031
June 07, 2018 LTR 4168C 0
13-5562351 000000 00
00013541

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
440 WEST NYACK ROAD
WEST NYACK NY 10994

local time, Monday through Friday (Alaska and Hawaii follow Pacific time)

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

Andre' Cox
General



William Bamford III
Territorial Commander

THE SALVATION ARMY

Founded in 1865 by William Booth

OFFICE OF THE COUNTY COORDINATOR

414 SIXTEENTH STREET • BOX 600 • BEAVER FALLS, PA 15010

Telephone (724) 846-2330 • Fax (724) 846-9551

August 6, 2018

The following letters demonstrate the Beaver County's Social Service Program support of The Salvation Army's Continuum of Care Rapid Rehousing Program and our commitment to leverage services to best support our program participants.

Included in this attachment are letters from:

- The Salvation Army's Project Bundle Up
- Beaver County Behavioral Health
- The Women's Center of Beaver County
- The Cornerstone of Beaver County
- ROOTS, Inc.
- The Housing Authority of the County of Beaver

Sincerely,

Jaime Kinkead
Program Director

Andre' Cox
General



William Bamford III
Territorial Commander

THE SALVATION ARMY

Founded in 1865 by William Booth

OFFICE OF THE COUNTY COORDINATOR
414 SIXTEENTH STREET • BOX 600 • BEAVER FALLS, PA 15010

Telephone (724) 846-2330 • Fax (724) 846-9551

July 30, 2018

This letter is written in kind commitment for Rapid Rehousing Bonus administered by The Beaver County Salvation Army and the individuals they will serve.

As proposed, the program will serve 35 children. Providing the households meet eligibility requirements, each child will be eligible for winter coats through The Salvation Army's Project Bundle Up. Based on \$50 per coat, The Salvation Army pledges \$1.250 in clothing assistance.

Sincerely,

Major Evelyn Hopping
Beaver County Coordinator



BEAVER COUNTY BEHAVIORAL HEALTH

Board of Commissioners
Daniel C. Camp, III, Chairman
Sandie Egley
Tony Amadio

BEAVER COUNTY
BEHAVIORAL HEALTH
1040 Eighth Avenue
Beaver Falls, PA 15010

Gerard Mike, Administrator

(724) 847-6225 (Admin)
724-847-6229 (Fax)
724-891-2827 (DSU)
724-891-2865 (Fax)
724-847-6220 (D&A)
724-847-6223 (Fax)
1-800-318-8138
www.bcbh.org

July 26, 2018

Salvation Army
414 16th Street
Beaver Falls, PA 15010

Dear Major Hopping:

This letter is a written commitment for support of the rapid rehousing program proposed by the Beaver County Salvation Army and the individuals they will serve. As proposed, the program is projected to serve 73 individuals. Providing they meet eligibility requirements and utilize publically funded behavioral health services/programs, Beaver County Behavioral Health pledges a commitment of \$79,392 for the year 2019-2020. This figure is based upon an average per member per month cost of \$90.63 for individuals enrolled in HealthChoices.

If you have any questions, you may contact me at 724-847-6225.

Sincerely,

Herta K. Madder

Herta Madder, MA, MBA
HealthChoices Specialist

Cc: Gerard Mike, Administrator
Lisa McCoy, Deputy Administrator



*Leading our community to a future
where all members live free of
domestic violence and sexual assault.*

August 8, 2018

Major Evelyn Hopping
414 16th Street
Beaver Falls, PA 15010

Re: Support for The Salvation Army's Application for Rapid Re-Housing Funds

The Women's Center of Beaver County has provided emergency shelter for women and their children for 42 years, and we know firsthand about the needs of some of Beaver County's most vulnerable citizens. Persons in our community who do not have a residence need a resource that provides safe, affordable housing that they can afford and maintain. It is vital to the entire community's well-being that individuals and families who are homeless have a safe, warm place to live and access to supportive services.

The Salvation Army has a long history of providing food, clothing, and housing services to citizens in our community and has the experience necessary to run a Rapid Re-Housing Program. The Women's Center of Beaver County supports the Salvation Army's request for HUD Grant funds to implement a Rapid Re-Housing Program. We pledge to work cooperatively with the Salvation Army in their provision of rapid re-housing assistance and supportive services to eligible persons in Beaver County who are homeless.

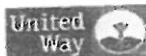
Sincerely,

R. Darlene Thomas

R. Darlene Thomas
Executive Director

P.O. Box 428, Beaver, Pennsylvania 15009

Administrative (724) 775-2032 | Helpline 24/7 (724) 775-0131 | Fax (724) 775-2750
annex@womenscenterbc.org | www.womenscenterbc.org





1217 7th Avenue | Beaver Falls, PA 15010 | P 724-846-6400 | F 724-846-6406

Ms. Jamie Kinkead
Program Director
The Salvation Army
Beaver Falls, PA 15010

July 11, 2018

To whom It May Concern,

On behalf of The Cornerstone of Beaver County (TCBC), I am writing to express my support for The Salvation Army, Beaver Falls, Rapid Rehousing application to Housing and Urban Development. The Cornerstone of Beaver County has had a longstanding, collaborative relationship with the Salvation Army. TCBC works in collaboration with The Salvation Army to provide programs, resources and support, to vulnerable individuals within our community. As such, TCBC strongly supports the Salvation Army's request for funding to provide ongoing support to individuals working towards creating stability in their lives. One of the challenges we find with our consumers, is that they sometimes need additional support, beyond what the initial programs offer, to sustain their progress independently. The proposed program would help to address this concern, thus preventing individuals being served from ending up back in a crisis situation. Beaver County is extremely fortunate to have organizations such as The Salvation Army within our community, in their journey towards restoring dignity and hope in the lives of those in need.

As stated above, on behalf of The Cornerstone of Beaver County and myself, I am pleased to offer my support for The Salvation Army, in their request for funding through Housing and Urban Development. Please feel free to contact me should you have any questions or need additional information. I can be reached at 724-846-6400 Ext. 13, or via my cell phone at 412-445-8422.

Sincerely,

Marie A. Timpano
Executive Director
The Cornerstone of Beaver County

To coordinate local housing resources to prevent and end homelessness.

www.CornerstoneBeaver.org

REACHING OVER OBSTACLES TO SUCCEED



"Creating Lasting Change"

392 Franklin Ave., Aliquippa, PA 15001
Office: R.O.O.T.S. inc. 724-203-4669 Fax: 724-788-1326
Email: rootsinc@rootsinc1net

July 20, 2018

To Whom It May Concern:

The purpose of this letter is to express my support to Beaver County's Salvation Army's Rapid Rehousing Program. Our support for this application is based on the Salvation Army's years of being an anchor organization throughout the County of Beaver; as it assists with meeting the needs of individuals and families by providing shelter and clothing to the homeless as well as food resources, and opportunities for under privileged children throughout the communities of Beaver County. I feel confident in my show of support regarding this program.

Sincerely,

Selenna Moreland
Selenna Moreland
Director



HOUSING AUTHORITY of the COUNTY of BEAVER
James F. Tress Administration Building
300 State Avenue
Beaver, Pennsylvania 15009-1629

Telephone: (724)-775-1220; TDD: (724)-775-5101
Web site: www.beavercountyhousing.org

July 17, 2018

To Whom It May Concern,

This letter is in support of the **Beaver County Salvation Army's** request for funding to serve the county & our CoC with a **Rapid Rehousing Program**.

The Beaver County Salvation Army is currently operating a HUD-funded Permanent Supportive Housing Program for homeless households with disabilities; additionally, they operate a county-funded transitional housing program that serves homeless families who are involved with child protective services & struggle with substance abuse. They have served as the point of contact for emergency motel vouchers for a number of years.

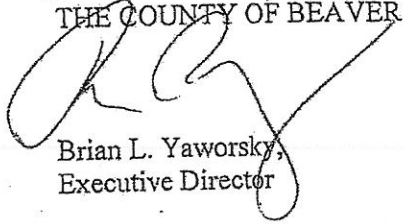
Due to the very heart of the mission of the Salvation Army, families in need often present in their offices seeking assistance & sustenance. This level of involvement with homeless programs (& with other service providers who provide housing/ancillary services) positions the Beaver County Salvation Army to have an excellent working knowledge of the needs of the homeless community & to make appropriate referrals to existing resources that address those needs.

They have demonstrated their commitment to serve vulnerable populations through their support of CoC initiatives, collegial relationships with outside agencies, and a proven record of competency in service provision & grant management.

I can wholeheartedly support the **Beaver County Salvation Army's Rapid Rehousing Program** request for funding.

Sincerely,

HOUSING AUTHORITY OF
THE COUNTY OF BEAVER


Brian L. Yaworsky,
Executive Director

BLY: jll
Cc: Salvation Army

Brian L. Yaworsky Kathryn L. Walter
Executive Director Deputy Executive Director/Comptroller

Board of Commissioners
Michael D. Lacey Domenic Leone Dr. Michael Sisk Cheryl M. Szedny Rev. Bobby V. Wilson
Chairman Vice Chairman George A. Verlihay, Legal Counsel

Andre' Cox
General



William Bamford III
Territorial Commander

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OFFICE OF THE COUNTY COORDINATOR

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Telephone (724) 846-2330 • Fax (724) 846-9551

August 6, 2018

This attachment includes the following documentation:

- In Kind Match Letter
- HUD Form 2880 Supplemental Information

Sincerely,

Jaime Kinkead
Program Director

Andre' Cox
General



William Bamford III
Territorial Commander

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Telephone (724) 846-2330 • Fax (724) 846-9551

July 30, 2018

This letter is written in kind commitment for Rapid Rehousing Bonus administered by The Beaver County Salvation Army and the individuals they will serve.

As proposed, the program will serve 35 households. Providing the households meet eligibility requirements and utilize The Beaver County Salvation Army Food Bank (12 monthly food bank visits, the Christmas box assistance, and 1 emergency food box); The Salvation Army pledges \$36,750 in food bank services for the operating year 2019-2020. This figure is based on food bank services of \$75 per box per food bank visit.

Sincerely,

EJ M18

Major Evelyn Hopping
Beaver County Coordinator

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds				
	Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested /Provided	Expected Uses of the Funds
1	The Beaver County Salvation Army Rapid Rehousing, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	
2	Allentown Hospitality House Permanent Housing Program, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
3	Barnabas Rapid Rehousing, 440 West Nyack Road, West Nyack, New York			
4	Beaver County Friendship Homes, 440 West Nyack Road, West Nyack, New York	Community Development Program of Beaver Co.	\$23,468	Cash Match (CM)
5	Delaware County Permanent Supportive Housing for Families, West Nyack, New York			
6	HALE RRH for Families, 440 West Nyack Road, West Nyack, New York			
7	HALE 3, 440 West Nyack Road, West Nyack, New York			
8	Kirby Family House, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
9	Oneida Pathway of Hope RRH, 440 West Nyack Road, West Nyack, New York			
10	Permanent Housing Supportive Services, 440 West Nyack Road, West Nyack, New York			
11	PHDI Program, 440 West Nyack Road, West Nyack, New York	Montgomery County Department of Housing and Community Development	\$10,734	Cash Match for program
12	Protecting Your Future Homeless Aftercare Program, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
13	Rapid Re-Housing Ohio, 440 West Nyack Road, West Nyack, New York			
14	Reed House and Mid-City Apartments, 440 West Nyack Road, West Nyack, New York		\$0	NA
15	SA Cincinnati Rapid Re-Housing 1, 440 West Nyack Road, West Nyack, New York			

Other Attachments HUD Form 2880 Supplemental Information - The Salvation Army, a New York Corporation 13-5562351

	Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested /Provided	Expected Uses of the Funds
16	SA Cincinnati Rapid Re-Housing 2, 440 West Nyack Road, West Nyack, New York			
17	Safe Haven, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected		
18	Salvation Army Carlisle PH Project, 440 West Nyack Road, West Nyack, New York, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
19	Salvation Army Chester PH Bonus Project, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
20	Salvation Army Chester PH 2, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
21	Salvation Army Cincinnati Rapid Re-Housing 1, 440 West Nyack Road, West Nyack, New York			
22	Salvation Army Cincinnati Rapid Re-Housing 2, 440 West Nyack Road, West Nyack, New York			
23	Salvation Army Norristown PH2, 440 West Nyack Road, West Nyack, New York	Montgomery County Department of Housing and Community Development	\$18,692	Cash Match for program
24	Salvation Army Pottstown PSH Program, 440 West Nyack Road, West Nyack, New York	Montgomery County Department of Housing and Community Development	\$16,004	Cash Match for program
25	Salvation Army Reading PH Bonus Project, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
26	Salvation Army Reading Rapid Rehousing, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
27	State Street Apartments, 440 West Nyack Road, West Nyack, New York			
28	TAPC Rapid Rehousing (RRH), 440 West Nyack Road, West Nyack, New York			
29	The Salvation Army Stepping Stone Program, 440 West Nyack Road, West Nyack, New York	No other government assistance is expected	\$0	NA
30	William Booth Initiative PH Program	No other government assistance is expected	\$0	NA

Other Attachments HUD Form 2880 Supplemental Information - The Salvation Army, a New York Corporation 13-5562351

Part III Interested Parties				
	Alphabetical list of all persons with reportable financial interest in the project or activity	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
1	Aliquippa Rapid Rehousing, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
2	Allentown Hospitality House Permanent Housing Program, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
3	Barnabas Rapid Rehousing, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
4	Beaver County Friendship Homes, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
5	Delaware County Permanent Supportive Housing for Families, West Nyack, New York	NA	NA	NA
6	HALE RRH for Families, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
7	HALE 3, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
8	Kirby Family House, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
9	Oneida Pathway of Hope RRH, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
10	Permanent Housing Supportive Services, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
11	PHDI Program, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
12	Protecting Your Future Homeless Aftercare Program, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
13	Rapid Re-Housing Ohio, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
14	Reed House and Mid-City Apartments, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
15	SA Cincinnati Rapid Re-Housing 1, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
	Alphabetical list of all persons with reportable	NA	NA	NA

Other Attachments HUD Form 2880 Supplemental Information - The Salvation Army, a New York Corporation 13-5562351

	financial interest in the project or activity			
16	SA Cincinnati Rapid Re-Housing 2, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
17	Safe Haven, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
18	Salvation Army Carlisle PH Project, 440 West Nyack Road, West Nyack, New York, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
19	Salvation Army Chester PH Bonus Project, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
20	Salvation Army Chester PH 2, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
21	Salvation Army Cincinnati Rapid Re-Housing 1, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
22	Salvation Army Cincinnati Rapid Re-Housing 2, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
23	Salvation Army Norristown PH2, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
24	Salvation Army Pottstown PSH Program, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
25	Salvation Army Reading PH Bonus Project, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
26	Salvation Army Reading Rapid Rehousing, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
27	State Street Apartments, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
28	TAPC Rapid Rehousing (RRH), 440 West Nyack Road, West Nyack, New York	NA	NA	NA
29	The Salvation Army Stepping Stone Program, 440 West Nyack Road, West Nyack, New York	NA	NA	NA
30	William Booth Initiative PH Program	NA	NA	NA